

QUICK GUIDE FOR LONG TERM CARE FACILITIES (LTCF): INFLUENZA OUTBREAKS IN LTCF (Adapted from CDC Guidance)

INFLUENZA AND PNEUMOCOCCAL VACCINATION	AT A GLANCE
<p>Vaccinations can decrease likelihood of an outbreak, and in the event of an outbreak, can decrease hospitalizations and deaths among residents. The Centers for Disease Control and Prevention (CDC) recommends annual influenza vaccination for everyone 6 months and older and pneumococcal vaccine for adults ≥65 years old.</p> <ul style="list-style-type: none"> • Vaccinate newly admitted residents and newly hired staff throughout the flu season. • Refer adults ≥65 years old to HCP for pneumococcal vaccine (PCV13 and/or PPSV23). • Keep a record of vaccination status of residents and staff. 	<p>Incubation period: 1-4 days (average 2)</p> <p>Period of communicability: 1 day before symptoms start up to 10 days after symptom onset</p> <p>Report to Public Health: Within 1 day of 1 confirmed case or ≥ 2 cases of ILI</p>
<p>DIAGNOSIS</p> <p>Common symptoms of influenza include: fever, fatigue, headache, cough, sore throat, runny or stuffy nose, chills, and muscle aches.</p> <p>Familiarize yourself with signs and symptoms of influenza-like illness (ILI) in the elderly: Elderly patients may experience more subtle symptoms, including anorexia, mental status changes, pneumonia, low-grade or no fever, worsening of chronic respiratory conditions or congestive heart failure.</p> <p>Public Health provides specimen collection kits and laboratory testing at no cost to you when influenza is suspected.</p> <p>Even if it's not influenza season, influenza testing should occur when any resident has signs and symptoms that could be due to influenza, and especially when two residents or more develop respiratory illness within 72 hours of each other.</p>	<p>Tamiflu: Treatment: Typically for 5 days</p> <p>(*Information on dosing considerations available on CDC website) Prophylaxis: Typically for a minimum of 2 weeks and for 1 week after onset of last case</p> <p>Lab testing: (a) Rapid influenza diagnostic test;* (b) Viral cell culture; (c) RT-PCR</p> <p>*negative test does not rule out influenza</p>
<p>TREATMENT vs. PROPHYLAXIS</p> <p>Antiviral Treatment: During a confirmed or suspected outbreak, give antiviral medication to all residents and staff with confirmed or suspected ILI. Antiviral treatment can shorten the duration of fever, illness symptoms, and hospitalizations, and may reduce the risk of complications such as pneumonia and respiratory failure or death. Do not wait for laboratory results to initiate treatment.</p> <p>Chemoprophylaxis: Give antiviral medication to all non-ill residents and consider for non-ill, unvaccinated staff if there is one or more confirmed cases of influenza or 2 or more residents with ILI. It's important to administer these courses of medication <i>SIMULTANEOUSLY</i>. Prophylaxis is approximately 70-90% effective in preventing influenza.</p> <p>*CDC has recommendations for antiviral dosing including for patients with renal impairment and end stage renal disease (ESRD).</p>	<p>*Further information including CDC guidelines and special antiviral dosing http://www.kingcounty.gov/healthservices/health/communicable/immunization/fluseason.aspx</p> <p>http://www.cdc.gov/flu/professionals/</p> <p>Public Health - Seattle & King County Reporting: (T) 206-296-4774 (F) 206-296-4803 (secure)</p>

PREVENTION OF ADDITIONAL CASES

Encourage residents and staff to minimize risk of infecting others.

- Limit large group activities and consider serving all meals to residents in their rooms if the outbreak is widespread.
- Ill residents should stay in their rooms and limit time spent in common areas; all meals should be served in their rooms if possible.
- Avoid new admissions or transfers to areas with symptomatic residents.
- Designate staff to care for ill residents and minimize staff movement between areas in the facility with illness and areas not affected by the outbreak.
- Limit visitation and exclude anyone with ILI from visiting the facility.
- Monitor staff absenteeism for respiratory illness and exclude ill staff for at least 24 hours after fever is gone without use of fever-reducing medications.

Place signs around facility indicating that an outbreak is occurring and regularly monitor the health of staff and residents.